

IAP- Fire #199

Date: 7/28/25

OBJECTIVES:

Lush Fire

- 1. Provide for firefighter and public safety.
- 2. Provide point protection of values at risk.
- 3. Keep fire north of the Yukon River.

|                     |               |
|---------------------|---------------|
| BLM fire number     | AK-TAD-000199 |
| BLM accounting code | 199-S33B      |
| FS code             | PDS33B (1532) |

RESOURCES & ASSIGNMENTS:

| RO # | Resource             | LWD  | Location           | Assignment                  |
|------|----------------------|------|--------------------|-----------------------------|
|      | Division A           |      |                    |                             |
| C-17 | CRW1 Chena IHC (20)  | 8/2  | DIV A #3 allotment | Point/structure protection  |
|      | DIV Z                |      |                    |                             |
|      | Unstaffed            |      |                    |                             |
|      |                      |      |                    |                             |
| O-74 | DIVS Art Hatfield    | 7/30 | ICP/Yukon River    | Shuttle personnel/equipment |
| E-9  | TBOT Doug Green      |      | Yukon River        | Shuttle personnel/equipment |
| E-11 | TBOT Janet Woods     |      | Yukon River        | Shuttle personnel/equipment |
| E-16 | TBOT Ken Newman      |      | Yukon River        | Shuttle personnel/equipment |
|      |                      |      |                    |                             |
| O-75 | EMPF Tony Meiklejohn | 8/1  | ICP                | DIV A/Z Paramedic           |

IMT ORGANIZATION:

| Position | Name                  | Phone #      | Position       | Name               | Phone #      |
|----------|-----------------------|--------------|----------------|--------------------|--------------|
| ICT3     | O-64 Ken Homik        | 208-610-5958 | Logs           | O-86 Craig Cochran | 317-446-2252 |
| ICT3(t)  | O-88 Tim Hatfield     | 907-378-4631 | SUPL (t)       | O-85 Ian Johnson   |              |
| OSC3     | O-74 Art Hatfield     | 352-504-6289 |                |                    |              |
| HIMGB    | O-77 Spencer Herda    | 719-500-9249 |                |                    |              |
| AFUL     | O-80 Stacie Oaks      |              | PIO            | Beth Ispen         | 907-356-5511 |
| MEDL     | O-82 Tina Mccandless  | 907-305-0979 | TAD            | Tasha Shields- DO  | 907-356-5559 |
|          |                       |              |                | David Bloemker-FMO | 907-356-5569 |
| FSC3     | O-98 Sierra Brewer    | 775-870-6268 |                | Travis McCabe-DO   | 907-356-5561 |
| PTRC     | O-81 Mariah Gibson    |              | Yukon Dispatch |                    | 907-356-5555 |
| PTRC     | O-78 Allison Lawrence |              | Yukon Expanded | Marley             | 907-356-5817 |
| PSC3(t)  | O-89 Noelle Zinn      | 406-544-9735 |                |                    |              |

AIR OPERATIONS:

| Tail # and Type | RO #        | Manager         | Phone #      | Assignment            |
|-----------------|-------------|-----------------|--------------|-----------------------|
| 9AE T3 ASB3     | A-3/A-3.2   | Jordan McCabe   | 520-904-5670 | Recon, cargo, medical |
| 920 T2 Bel212   | A-36/A-36.1 | Connie Stickie  | 503-348-4581 | Buckets, cargo        |
|                 | O-76        | Kyle Weatherbie | HECM         | Cargo, Helispots      |
|                 | O-79        | Colin Vanek     | HECM (t)     | Cargo, Helispots      |

COMMUNICATION: "Controlled Unclassified Information//Basic"

| Channel             | Rx       | Tone | Tx       | Tone  | Victor                      |
|---------------------|----------|------|----------|-------|-----------------------------|
| CMD 1 - 199 Command | 170.3875 |      | 163.0375 |       | Air to Air Primary 126.1250 |
| TAC 1 - Div A Tac   | 168.0500 |      | 168.0500 |       | Rampart Airport 122.9       |
| TAC 2 - Boat Tac    | 168.2000 |      | 168.2000 |       | IA Air to Air 128.45        |
| TAC 4 - Div Z Tac   | 166.7250 |      | 166.7250 |       |                             |
| A/G PRI             | 166.6125 |      | 166.6125 |       |                             |
| GRAY                | 169.3625 |      | 169.3625 |       |                             |
| Yukon Dispatch      |          |      |          |       |                             |
| AIRGUARD            | 168.6250 |      | 168.6250 | 110.9 |                             |
| DECK                | 163.1000 |      | 163.1000 |       |                             |
|                     |          |      |          |       |                             |
|                     |          |      |          |       |                             |
|                     |          |      |          |       |                             |

COORDINATES:

| Descriptor    | Location            | Lat.        | Long.        |
|---------------|---------------------|-------------|--------------|
| ICP           | Rampart Airstrip    | 65 30.642 N | 150 09.033 W |
| H-1 (Type 2)  | Allotment Cluster 1 | 65 30.033 N | 150 24.157 W |
| H-2 (Type 2)  | Allotment Cluster 2 | 65 29.625 N | 150 16.050 W |
| H-25 (Type 2) | Allotment Cluster 2 | 65 29.630 N | 150 18.307 W |
| H-3 (Type 2)  | Allotment Cluster 3 | 65 30.263 N | 150 12.065 W |
| H-4 (Type 2)  | Allotment Cluster 4 | 65 30.870 N | 150 13.410 W |
| H-41 (Type 2) | Allotment Cluster 4 | 65 30.962 N | 150 12.632 W |
| H-35 (Type 2) | Allotment Cluster 3 | 65 29.818 N | 150 13.797 W |
| H-38 (Type 2) | Allotment Cluster 3 | 65 30.267 N | 150 13.597 W |
| H-5 (Type 2)  | Allotment Cluster 5 | 65 31.353 N | 150 09.813 W |
| H-51 (Type 2) | Allotment Cluster 5 | 65 31.343 N | 150 09.270 W |
| H-52 (Type 2) | Allotment Cluster 5 | 65 31.585 N | 150 10.103 W |
| H-53 (Type 2) | Allotment Cluster 5 | 65 31.142 N | 150 10.510 W |
| H-70 (Type 2) | Allotment Cluster 7 | 65 33.210 N | 150 10.340 W |
| H-8 (Type 3)  | Allotment Cluster 8 | 65 34.828 N | 150 10.913 W |
| H-87 (Type 2) | Allotment Cluster 9 | 65 37.065 N | 150 11.675 W |
| H-90 (Type 2) | Allotment Cluster 9 | 65 37.282 N | 150 10.600 W |

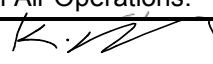
**Medical:** For medical emergencies refer to the ICS 206 Medical Plan and the Medical Incident Report in the IAP (also on pg 120 of the IRPG). First on scene needs to initiate additional resources by getting Medical Incident Report started over Command 1.

**Safety:** Be Bear aware. Stay alert and look for bear activity. Travel in pairs and make noise. If encountering a bear remain calm and back away slowly. Report all bear issues and sightings and make them known immediately.

**Notes:** Call in orders to operations by 1300 for next day delivery. Send in all CTR's and shift tickets by boat. Or email to [2025.lush.finance@firenet.gov](mailto:2025.lush.finance@firenet.gov)  
Digital filing for CTR's should follow this format: CTR\_RO\_YYMMDD-DD  
EX: CTR\_O21\_250715-18

[illegible]

## MEDICAL PLAN (ICS 206)

| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | <b>2. Operational Period:</b> Date From: _____<br>Time From: _____ |                                                           | Date To: _____<br>Time To: _____ |                                              |                                                             |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------|----------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|
| <b>3. Medical Aid Stations:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Location                                 | Contact Number(s)/Frequency                                        | Paramedics on Site?                                       |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                                  |                                              |                                                             |                                                             |
| <b>4. Transportation</b> (indicate air or ground):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Ambulance Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Location                                 | Contact Number(s)/Frequency                                        | Level of Service                                          |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | <input type="checkbox"/> ALS <input type="checkbox"/> BLS |                                  |                                              |                                                             |                                                             |
| <b>5. Hospitals:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| Hospital Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address, Latitude & Longitude if Helipad | Contact Number(s)/Frequency                                        | Travel Time                                               |                                  | Trauma Center                                | Burn Center                                                 | Helipad                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    | Air                                                       | Ground                           |                                              |                                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                    |                                                           |                                  | <input type="checkbox"/> Yes<br>Level: _____ | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>6. Special Medical Emergency Procedures:</b><br>Meiklejohn has advanced airways, chest needle decompression kits, and expanded scope medications. IF NO AIRCRAFT AVAILABLE TO H SPOTS OR OUT OF AIRSTRIP: Ground/water Medical Evac Plan: Start patient via boat to E.L. Patton Yukon River Bridge landing (65° 52.73', -149° 43.28'). Initiate contact with Yukon Response Base to request ALS Ambulance intercept at the landing. Initiate contact with the Rescue Coordination Center through dispatch for intel on if aircraft interception at another location en route is possible.<br>NIGHT: Boat Drivers via Boat TFL (TAC 2)<br>SHORT HAUL: Wenatchee (at Himalaya Fire) order via dispatch. HOIST: AK Air National Guard ( Fairbanks Mon-Fri) order via dispatch (via Troopers via RCC).<br><b>ALWAYS HAVE A BACKUP PLAN.</b><br><input type="checkbox"/> Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations. |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>7. Prepared by</b> (Medical Unit Leader): Name: _____ Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| <b>8. Approved by</b> (Safety Officer): Name: _____ Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                    |                                                           |                                  |                                              |                                                             |                                                             |
| ICS 206                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | IAP Page _____                                                     |                                                           | Date/Time: _____                 |                                              |                                                             |                                                             |

| Medical Incident Report                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------------------|---------------|------------|
| <b>FOR A NON-EMERGENCY INCIDENT, WORK THROUGH CHAIN OF COMMAND TO REPORT AND TRANSPORT INJURED PERSONNEL AS NECESSARY.</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>FOR A MEDICAL EMERGENCY: IDENTIFY ON-SCENE INCIDENT COMMANDER BY NAME AND POSITION AND ANNOUNCE "MEDICAL EMERGENCY" TO INITIATE RESPONSE FROM IMT COMMUNICATIONS/DISPATCH.</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Use the following items to communicate situation to communications / dispatch.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>1. CONTACT COMMUNICATIONS / DISPATCH</b> (Verify correct frequency prior to starting report) Ex: "Communications, Div. Alpha. Stand-by for Emergency Traffic."                                                                                                                                                                                                |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>2. INCIDENT STATUS:</b> Provide incident summary (including number of patients) and command structure.<br>Ex: "Communications, I have a Red priority patient, unconscious, struck by a falling tree. Requesting air ambulance to Forest Road 1 at (Lat./Long.) This will be the Trout Meadow Medical, IC is TFLD Jones. EMT Smith is providing medical care." |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Severity of Emergency / Transport Priority                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> <b>RED / PRIORITY 1</b> Life or limb threatening injury or illness. Evacuation need is <b>IMMEDIATE</b><br>Ex: Unconscious, difficulty breathing, bleeding severely, 2° – 3° burns more than 4 palm sizes, heat stroke, disoriented. |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>YELLOW / PRIORITY 2</b> Serious Injury or illness. Evacuation may be <b>DELAYED</b> if necessary<br>Ex: Significant trauma, unable to walk, 2° – 3° burns not more than 1-3 palm sizes.                                           |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>GREEN / PRIORITY 3</b> Minor Injury or illness. Non-Emergency transport<br>Ex: Sprains, strains, minor heat-related illness.                                                                                                      |              |                                                                                 |               |            |
|                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> <b>Purple/Other Non Medical</b> other potential critical incidents<br>Ex: Unaccounted for incident resources, threats to employees, chemical spills, incidents not requiring the use of ICS-206 but requiring IMT response           |              |                                                                                 |               |            |
| Nature of Injury or Illness & Mechanism of Injury                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                               |              | Brief Summary of Injury or Illness<br>(Ex: Unconscious, Struck by Falling Tree) |               |            |
| Evacuation Request                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                               |              | Air Ambulance / Short Haul/Hoist<br>Ground Ambulance / Other                    |               |            |
| Patient Location                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               |              | Descriptive Location & Lat. / Long. (WGS84)                                     |               |            |
| Incident Name                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                               |              | Geographic Name + Medical<br>(Ex: Trout Meadow Medical)                         |               |            |
| On-Scene Incident Commander                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                               |              | Name of on-scene IC of Incident within an Incident (Ex: TFLD Jones)             |               |            |
| Patient Care                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                               |              | Name of Care Provider<br>(Ex: EMT Smith)                                        |               |            |
| <b>3. INITIAL PATIENT ASSESSMENT:</b> Complete this section for each patient as applicable (start with the most severe patient)                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Patient Assessment: See IRPG PAGE 106                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Treatment:                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>4. EVACUATION PLAN:</b>                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Evacuation Location (if different): (Descriptive Location (drop point, intersection, etc.) or Lat. / Long.) Patient's ETA to Evacuation Location:                                                                                                                                                                                                                |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Helispot / Extraction Site Size and Hazards:                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>5. ADDITIONAL RESOURCES / EQUIPMENT NEEDS:</b>                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Example: Paramedic/EMT, crews, immobilization devices, AED, oxygen, trauma bag, IV/fluid(s), splints, rope rescue, wheeled litter, HAZMAT, extrication                                                                                                                                                                                                           |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>6. COMMUNICATIONS: Identify State Air/Ground EMS Frequencies and Hospital Contacts as applicable</b>                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| Function                                                                                                                                                                                                                                                                                                                                                         | Channel Name/Number                                                                                                                                                                                                                                           | Receive (RX) | Tone/NAC *                                                                      | Transmit (TX) | Tone/NAC * |
| COMMAND                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| AIR-TO-GRND                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| TACTICAL                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>7. CONTINGENCY:</b> <u>Considerations:</u> If primary options fail, what actions can be implemented in conjunction with primary evacuation method? Be thinking ahead..                                                                                                                                                                                        |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>8. ADDITIONAL INFORMATION:</b> Updates/Changes, etc.                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |
| <b>REMEMBER:</b> Confirm ETAs of resources ordered. Act according to your level of training. Be Alert. Keep Calm. Think Clearly. Act Decisively.                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                               |              |                                                                                 |               |            |